DATE:	
TO:	
FROM:	Staff Nurse Occupational Medical Service, DS
SUBJ:	Periodic Medical Evaluation Animal Exposure Surveillance Program
periodic medic	ional Medical Service (OMS) record indicates that you are due for a routine cal evaluation as part of your participation in the Animal Exposure rogram (AESP). Please call me at 496-9278 within two days to schedule an
required every	ith nonhuman primates, a tuberculin skin test for tuberculosis (PPD) is six months. All participants should receive a tetanus booster every ten years. Indicate that you are due for a:
	Tuberculin Skin Test Tetanus Booster
Please bring th	is letter with you on the day of your appointment.
If you have an number.	y questions regarding this information, please contact me at the above

Staff Nurse Bldg. 13, Room G904